

## AZ OHV AMBASSADOR EVENT ACTION PLAN

### OBJECTIVES

OPERATIONAL PERIOD (DATE/TIME)

GENERAL OBJECTIVES FOR THE EVENT (INCLUDE ALTERNATIVES)

WEATHER FORECAST FOR OPERATIONAL PERIOD

GENERAL SAFETY MESSAGE

**EVENT NAME: XXX**

**DATE PREPARED: XXX**

**PREPARED BY: XXX**

## AZ OHV AMBASSADOR EVENT ACTION PLAN

<b>MEDICAL PLAN</b>	
MEDICAL EMERGENCY PROCEDURES	
EVENT MEDICAL AID	
AMBULANCE SERVICES	
HOSPITALS	
<b>COMMUNICATIONS</b>	
CHECK IN (LOCATION/TIME)	CHECK OUT (LOCATION/TIME)
SPECIAL INSTRUCTIONS	
<b>ASSIGNMENT LIST</b>	
TEAM / TASK / DESIGNATOR	
SPECIAL INSTRUCTIONS	

**EVENT NAME: XXX**

**DATE PREPARED: XXX**

**PREPARED BY: XXX**

## AZ OHV AMBASSADOR EVENT ACTION PLAN

<b>AFTER ACTION REVIEW</b>	
CHECKOUT OF ALL PARTICIPANTS / EQUIPMENT	
PROJECTS / WORK COMPLETED / ASSESS FUTURE NEEDS	
ISSUES / INCIDENTS / SUGGESTIONS	
CONDUCTED BY	FORWARDED TO
8. ATTACHMENTS (✓ IF ATTACHED) * Attach additional notes / planning documents if necessary  <div style="display: flex; justify-content: space-between;"> <span><input type="checkbox"/> EVENT MAP</span> <span><input type="checkbox"/> _</span> <span><input type="checkbox"/> _</span> </div>	

**EVENT NAME: XXX**  
**DATE PREPARED: XXX**  
**PREPARED BY: XXX**

## AZ OHV AMBASSADOR EVENT ACTION PLAN

<b>ROSTER</b>		
	PARTICIPANT NAME	SIGNATURE
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**EVENT NAME: XXX**  
 DATE PREPARED: XXX  
 PREPARED BY: XXX